

Tele-Mental Health Improvement Act

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Background

The COVID-19 pandemic has exacerbated an existing mental health crisis. Americans nationwide are feeling the pressures of a public health emergency, social isolation, and an economic crisis. Additionally, our essential workers are experiencing increased pressure, stress, and burnout as a result of COVID-19. According to a Kaiser Family Foundation survey conducted in April, nearly half of U.S. adults felt the virus had caused them stress and negatively affected their mental health.¹

Full access to care has been a persistent issue for Americans with mental health conditions and substance use disorders. Individuals seeking care currently face additional barriers due to program closures and a shift to virtual visits.

We must expand access to mental health services via telehealth in order to support patients and their behavioral health providers while remaining compliant with social distancing guidelines.

About the Legislation

The Tele-Mental Health Improvement Act would improve access to tele-mental health during the length of the COVID-19 public health emergency by:

- Requiring ERISA plans to cover mental health and substance use disorder services provided through telehealth at the same reimbursement rate for the same services provided through an in-person visit
- Prohibiting health plans from imposing additional barriers to accessing tele-mental health services
- Directing health plans to inform enrollees how they can access tele-mental health and substance use disorder services
- Requiring the Department of Health and Human Services (HHS) to issue a report on the impact of telehealth parity measures on the use of telehealth and in-person services.

The Implications of COVID-19 for Mental Health and Substance Use. Available at: https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/



Support for the Tele-Mental Health Improvement Act

National Alliance on Mental Illness (NAMI), NAMI Minnesota, National Council on Behavioral Health, American Society of Addiction Medicine (ASAM), American Psychiatric Association (APA), Eating Disorders Coalition for Research, Policy & Action, Residential Eating Disorders Consortium, WithAll, and The Emily Program